10-65

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Organization and Functions

Department of Defense Medical Standardization Board

Summary. This regulation prescribes the policy, organization, and responsibility for support of the Department of Defense Medical Standardization Board (DMSB). It implements DOD Directive 6430.2.

Applicability. This regulation applies to all medical services including the National Guard and the Reserves. Its provisions apply to actions taken by DOD agencies and the military services on the functions and responsibilities of the DMSB. Item entry, standardization, acquisition, and supportability of all medical materiel and DOD Deployable Medical Systems (DEPMEDS) are included.

Impact on New Manning System. This regulation does not contain information that affects the New Manning System.

Internal control systems. This regulation is not subject to the requirements of AR 11-2. It does not contain internal control provisions.

Supplementation. Supplementation of this regulation is prohibited without prior approval from HQDA(DASG-HCZ), WASH DC 20310-2300.

Interim Changes. The proponent agency of this regulation is the Office of The Surgeon General, HQDA. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) or related form directly to HQDA(DASG-HCZ), WASH DC 20310-2300.

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*This regulation supersedes AR 10-65, 15 July 1980.

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Chapter 1
General

1-1. Purpose
This regulation establishes procedures governing the military services' participation in the Department of Defense Medical Standardization Board (DMSB).

1-2. Related references
A related publication is merely a source of additional information. The user does not have to read it to understand this regulation.

a. DLAR 4155.28, Reporting and Processing Medical Materiel Complaints. (This publication can be obtained from Headquarters, Defense Logistics Agency, ATTN: DLA-XPD, Cameron Station, Alexandria, VA 22304-6100.)

b. DOD Instruction 4500.37, Use of Intermodal Containers, Special Purpose Vans, and Tactical Shelters.

c. DOD Directive 6430.2, DOD Medical Standardization Board.

1-3. Explanation of abbreviations and terms
Abbreviations and special terms used in this regulation are defined in the glossary.

1-4. Responsibilities
a. Heads of the military services, or their designees, will—

(1) Acquire only those deployable medical systems submitted by the DMSB and approved by the Assistant Secretary of Defense (Health Affairs) (ASD(HA)).

(2) Make maximum use of standardized DOD materiel available from various commodity managers.

(3) Ensure that deployable medical systems required to be operational during the period before sealift can be effected, will be prepositioned at or near the point of intended use.

(4) Provide pay, allowances, and permanent change-of-station travel for military personnel assigned to the DMSB staff.

b. The Secretary of the Army, or designee, will—

(1) Provide administrative support for the internal administration and operation of the DMSB, including—

(*a*) Civilian personnel requirements.

(*b*) Civilian personnel and security administration.

(*c*) Inspections.

(*d*) Space.

(*e*) Facilities.

(*f*) Supplies.

(*g*) Other administrative provisions and services.

(2) Program, budget, and finance all costs of operations of the DMSB and its staff to include civilian pay and allowances.

(3) Use Federal, Defense, and Department of the Army regulations and procedures to provide support to the DMSB.

1-5. Department of Defense Medical Standardization Board
a. Membership. The DMSB will consist of at least one medical department officer at the O7 grade level or above from each of the military services. The chairperson will be selected by the surgeons general (TSGs) and the Chief of Staff, Headquarters, U.S. Marine Corps. The chairperson position will rotate every 2 years among the military services without regard to seniority. The DMSB will be assisted by a Deployable Medical Systems (DMS) Steering Group consisting of flag or general officers to guide the development of standard DMS use by all military services.

b. Observers. The ASD(HA) and the Director, Defense Logistics Agency (DLA) will each designate a representative to take part in all DMSB meetings as an observer. The chairperson may invite others to attend meetings as appropriate to the subjects to be discussed.

c. Staff.

(1) The DMSB staff will operate on a full-time basis and be composed of one Medical Corps officer, O6 level; one Dental Corps officer, O6 level, and such other military and civilian personnel as required to support and accomplish its mission. Military personnel will be provided by the medical services on a mutually agreed basis.

(2) The DMSB will designatge the O6 Medical Corps officer as the staff Director. The staff Director position will rotate among the services every 4 years. The Dental Corps officer will act as deputy to the staff Director in directing staff efforts and assume the responsibilities of the staff Director when required. The staff Director will designate a DEPMEDS Project Coordinator to accomplish, coordinate, and facilitate the staff functions for DEPMEDS.

(3) The staff Director will—

(*a*) Conduct the clinical and administrative affairs of the DMSB.

(*b*) Provide administrative support to all coordinating groups.

(4) For purpose of administration, all personnel, while assigned to the staff, will report to the staff Director through the staff organization.

(5) The DMSB staff will perform the functions prescribed in chapter 2, and develop and maintain DMSB staff instructions that outline specific responsibilities and operating procedures. This should ensure the capability to support the DMSB mission. These staff instructions must be coordinated with each military

service and approved by the Office of ASD(HA).

d. Coordination. The DMSB will establish joint services coordinating groups, as necessary, to accomplish its mission. These groups will include the Joint Services Deployable Medical Systems Coordinating Group (JSDMSCG)(chap 3), Joint Services Medical Logistics Coordinating Group (JSMLCG) (chap 4), Joint Services Dental Materiel Coordinating Group (JSDMCG) (chap 5), and a Joint Services Clinical Review Group (JSCRG) (chap 6). The coordinating groups will function in accordance with directions issued by the DMSB. All coordinating groups will report to the DMSB through the staff Director.

e. Meetings. Meetings of the DMSB will be conducted at the call of the chairperson, but no less frequently than quarterly. Each military service will have one vote on all pertinent matters. Minutes of each meeting will be furnished to TSGs, the Commandant of the Marine Corps, and all observers.

f. Functions. The DMSB will—

(1) Direct the development of DEPMEDS standardization to the maximum extent consistent with the distinct missions of the military services.

(2) Provide clinical advice on the allocation and priorities of critical medical materiel assets.

(3) Direct development and modifications of computer models for joint military service medical requirements and capabilities.

(4) Direct the standardization of medical materiel by the military services, both for war reserve materiel and peacetime operating stocks.

(5) Develop lists of suitable substitute or interchangeable items of medical materiel.

(6) Ensure item entry of all newly standardized medical materiel items into the DOD supply system.

(7) Ensure the retention or deletion of standardized medical items in the DOD supply system.

(8) Determine items for which sources of supply will be limited to selected producers that meet military service clinical needs and designate the acceptable sources of supply.

(9) Operate as a single point of contact for and maintain liaison between DLA and other Government agencies in all clinical and technical matters involving medical materiel.

(10) Provide advice to DLA to carry out the technical medical materiel functions assigned to it.

(11) Evaluate and approve or disapprove requests for waivers and deviations from essential characteristics. No item of medical materiel that deviates from its established essential characteristics may be procured without prior approval of the DMSB. This restriction does not apply to items stocked by DLA's Medical Stockage (MEDSTOCK) Program.

(12) Provide a forum for the timely exchange of information with the military medical community for research and development (R&D) projects of medical materiel interest. Thus, essential characteristics for the resultant items can be developed and integrated into the medical supply system without delay.

(13) Monitor completely all actions of the Directorate of Medical Materiel, Defense Personnel Support Center (DPSC), DLA on Type I complaints, and review Type II and Type III complaints (as defined by DLA Reg 4155.28) on the basis of information copies unless additional factors are required.

(14) Provide all standardization recommendations on DEPMEDs to TSGs of the military departments and the Commandant of the Marine Corps for military service approval.

(15) Consider all recommendations on the clinical and technical aspects of medical materiel under authority delegated by TSGs of the military departments for approval.

(16) Be the preparing activity (PA) for medical standardization documents and all other medically related items. The DPSC will act as agent for the DMSB in preparing standardization documents.

(17) Ensure that specifications covering medical materiel conform with essential characteristics.

(18) Forward military service approved, standardized, DEPMEDS to the ASD(HA) for approval.

(19) Submit to the DOD Health Council, for resolution, any issue on which the military services cannot agree.

(20) Ensure that only approved Joint Committee on Tactical Shelters (DOD Instruction 4500.37) shelters will be included in or used with any DMS.

(21) Direct, review, and approve all actions taken by the DMSB staff.

(22) Perform additional duties and responsibilities as assigned by ASD(HA).

1-6. Objectives of the Board

The objectives of the DMSB are to—

a. Improve the medical readiness posture of the military services.

b. Support more efficient health care, conserve resources, and improve operational flexibility, interoperability, and the readiness posture.

c. Jointly coordinate the clinical, technical, and logistical aspects of medical materiel and standardize medical materiel for use by all military services.

d. Achieve maximum standardization of DEPMEDS within the military services.

e. Promote and stimulate the coordination, exchange, and critical evaluation of information to achieve objectives.

f. Provide a forum to discuss and resolve differences.

Chapter 2
Department of Defense Medical Standardization Board Staff

2-1. Mission
The DMSB staff working with each military service provides effective management of the clinical-technical aspects of medical materiel and the DEPMEDS. The staff will, through cooperative efforts with Federal Government and industrial organizations concerned with medical materiel, control costs and maintain the quality of products furnished to the military services.

2-2. Functions
The DMSB staff will—

a. Provide joint plans, coordination, and guidance for DEPMEDS in executing directions received from the DMSB.

b. In conjunction with the joint services coordinating groups, develop and execute plans of action to accomplish milestones established by the DMSB by working with medical and nonmedical organizations and agencies.

c. Act as liaison through direct communication with the Academy of Health Sciences, U.S. Army and joint services coordinating groups to develop the data base and health care modeling for DEPMEDS.

d. Act for the DMSB as the DEPMEDS data file manager.

e. Act as focal point for quad-service consideration of reviews or changes to functional modules of the DEPMEDS. Ensure that recommended changes are reviewed as appropriate for clinical, logistical, and other military considerations. Ensure that a consensus recommendation is prepared in coordination with the joint services coordinating groups for review and approval in accordance with ASD(HA) policy. The staff Director may call joint meetings of the coordinating groups as necessary for this purpose.

f. In conjunction with the joint services coordinating groups, prepare and maintain the consolidated DEPMEDS Standardization Status Matrix Chart and applicable detailed justification data.

g. Maintain the matrix of DOD field medical facilities and a comparison of their associated materiel and cost.

h. Manage the clinical and technical aspects of all classes of medical materiel as they relate to the introduction into, retention within, and deletion from the DOD supply system.

i. Prepare essential characteristics for each item of medical materiel to be standardized in the DOD supply system; forward this information to the Directorate of Medical Materiel, Defense Personnel Support Center (DPSC-A), agent for the DMSB that prepares standardization documents. Ensure the essential characteristics accurately describe the item required by the military services.

j. Ensure that essential characteristics of standard medical items comply with applicable Federal regulations and standards, unless specifically exempted because of military requirements. Ensure that applicable International Standardization Agreements are incorporated into the essential characteristics. The essential characteristics will be identified as pertaining to the applicable International Standardization Agreement.

k. Review specifications, purchase descriptions, and drawings prepared by DPSC-A to ensure conformance with established essential characteristics.

l. Render clinical and technical judgment to approve or deny requests from DPSC-A for waivers and deviations to essential characteristics.

m. Ensure that staff actions are properly coordinated with the military medical services and, when appropriate, DPSC-A and documented in such a way that a clear history can be readily reconstructed.

n. Keep informed on the latest developments and technology relative to medical materiel through—

(1) Review of military medical materiel R&D.

(2) Literature.

(3) Attendance at appropriate meetings and conferences.

(4) Visits to other Government agencies and production facilities of industry.

o. Identify, evaluate, and recommend replacement items for items being deleted.

p. Identify, evaluate, and recommend substitute items for standard items.

q. Develop and maintain lists of suitable substitute or interchangeable items of medical materiel for mobilization purposes.

r. Develop and maintain lists of mobilization significant medical materiel items (D-Day, etc.).

s. Determine items for which sources of supply will be limited to selected producers to meet military service clinical and logistics support requirements, and designate the acceptable sources of supply.

t. Evaluate and adjudicate all DPSC-A actions pertaining to Type I complaints. Further liaison with the Food and Drug Administration, the manufacturer, and other medical agencies is authorized to broaden awareness of possible medical hazards.

u. Evaluate medical materiel complaints submitted by military department field activities. Revise essential characteristics on the basis of the complaint analysis to reduce or eliminate recurrence of the cause of the complaint. Review Type II and Type III complaints on the basis of the information copies unless additional facts are required.

v. Render clinical advice on the allocation and priorities of critical medical materiel assets.

w. Perform a continuing review of standard items to identify candidates for deletion and furnish rationale for proposed actions.

x. Exchange timely information with the military medical R&D community for projects of medical materiel interest.

y. Coordinate development and modification of computer models for joint military service medical requirements and capabilities.

z. Prepare all recommendations on the clinical and technical aspects of medical materiel for approval by DMSB as delegated by TSGs.

aa. Conduct special studies and projects relevant to medical materiel as required.

bb. Refer to the chairperson of the DMSB any matter that cannot be properly resolved.

Chapter 3
Joint Services Deployable Medical Systems Coordinating Group

3-1. Mission
The JSDMSCG provides a mechanism to achieve maximum commonality of medical and nonmedical materiel in a field environment to—

a. Improve operational readiness.
b. Reduce duplication.
c. Conserve resources.
d. Improve operational flexibility.
e. Provide health care more efficiently.
f. Reduce logistics complexity.

3-2. Organization and management
a. Membership. The JSDMSCG membership will consist of the project manager/system coordinator of DEPMEDS for each military service. The staff Director of the DMSB and a designated representative of ASD (HA) and DLA will take part as observers. The chairperson may invite other persons to attend meetings as appropriate to the subjects to be discussed.

b. Chair. The chairperson will be selected by the members and this position will be rotated every 2 years.

c. Meetings. The JSDMSCG meetings will be conducted at the call of the chairperson at least quarterly. Each military service will have one vote on all pertinent matters.

d. Administrative support. The staff Director of DMSB will provide administrative support to JSDMSCG. This includes preparation of minutes of meetings and their distribution to members.

3-3. Functions
The primary responsibility of JSDMSCG is to facilitate joint service commonality and maximum standardization of DEPMEDS. The JSDMSCG will—

a. Identify and promote new initiatives to keep abreast of changing technology and military requirements.

b. Coordinate the selection of all medical materiel and nonmedical equipment including shelters, utility systems, communication networks, laundries, food preparation and service, and vehicles that are used to operate DEPMEDS. Only rigid-wall shelters approved by the Joint Committee on Tactical Shelters will be selected as components of DEPMEDS.

c. Refer to the chairperson of the DMSB any matter that cannot be promptly resolved.

d. Present minutes of each JSDMSCG meeting to the DMSB for approval.

Chapter 4
Joint Services Medical Logistics Coordinating Group

4-1. Mission

The JSMLCG provides a forum to establish joint military service consensus and unified positions on the logistics aspects of medical materiel.

4-2. Organization and management

a. Membership. The JSMLCG membership will consist of medical logistics chiefs of the military services; the Director of Medical Materiel of the DPSC, and the staff Director of the DMSB. A designated representative of the ASD (HA) will take part as an observer. Each medical logistics chief will be responsible for presenting the position of his or her military service on each subject to be considered. The chairperson may invite other persons to attend meetings as appropriate to the subjects to be discussed.

b. Chair. The chairperson will be selected by the members. This position will be rotated every 2 years.

c. Meetings. The JSMLCG will meet at the call of the chairperson at least quarterly.

d. Administrative support. The staff Director of DMSB will provide administrative support to JSMLCG including preparation of minutes of meetings and their distribution to members.

4-3. Functions

The primary responsibility of the JSMLCG is the development of a joint military service consensus on logistics aspects of medical materiel. The JSMLCG will—

a. Ensure that complete logistical analysis has been accomplished for all medical materiel identified for use in DEPMEDS.

b. Monitor the actions of the DMSB staff in standardizing materiel for war reserve materiel and peacetime operating stocks.

c. Refer to the chairperson of the DMSB any matter being considered that cannot be promptly resolved.

d. Present the minutes of each JSMLCG meeting to the DMSB for approval.

Chapter 5
Joint Services Dental Materiel Coordinating Group

5-1. Mission
The JSDMCG serves as a forum to manage dental materiel used by the military services. It coordinates the identification of professional requirements with the necessary logistical support.

5-2. Organization and management
a. Membership. The JSDMCG membership will consist of the DMSB Deputy staff Director and a senior Dental Corps representative from each military service. The staff Director of the DMSB and a designated representative of the ASD (HA) will take part as observers. The DMSB Deputy staff Director will serve as chairperson. The Dental Corps members will be appointed and authorized by TSGs to represent their branch in matters of dental materiel involving clinical requirements. The chairperson may invite other persons to attend meetings as appropriate to the subjects to be discussed.

b. Meetings. The JSDMCG will meet at the call of the chairperson at least quarterly.

c. Administration. The staff Director DMSB will provide administrative support to the JSDMCG.

5-3. Functions
The JSDMCG will—

a. Recommend to the DMSB all items of dental materiel to be introduced into, retained in, and deleted from the DOD Supply System.

b. Recommend substitution relationships for dental materiel to provide maximum capability and flexibility.

c. Coordinate the evaluation of dental materiel by the military services to increase efficiency and prevent duplication of effort.

d. Recommend special military requirements involving restricted procurement to the DMSB.

e. Advise the DMSB on—

(1) Development of essential characteristics that provide the level of performance required by the military services.

(2) Aceptability of waivers and deviations from this level.

f. Refer to the chairperson of the DMSB matters being considered that cannot be promptly resolved.

g. Present the minutes of each JSDMCG meeting to the DMSB for approval.

Chapter 6
Joint Services Clinical Review Group

6-1. Mission

The JSCRG serves as a forum to establish joint military medical services consensus on clinical aspects of health care delivery in the DEPMEDS.

6-2. Organization and management

a. Membership. The JSCRG membership will consist of the staff Director of the DMSB and a senior medical officer of each military service. A designated representative of ASD (HA) will take part as an observer. The staff Director will serve as chairperson. Each service member will be responsible for presenting the position of his or her military service on each subject to be considered. The chairperson may invite other persons to attend meetings as appropriate to the subjects to be discussed.

b. Meetings. The JSCRG will meet at the call of the chairperson at least quarterly.

c. Administrative support. The staff Director of the DMSB will provide administrative support to JSCRG including preparation of minutes of meetings and their distribution.

6-3. Functions

a. Recommend to the DMSB all items of medical materiel of the DEPMEDS to be introduced into, retained in, and deleted from the DOD Supply System.

b. Advise the DMSB on means to achieve maximum commonality of medical materiel in DEPMEDS.

c. Recommend to the JSDMSCG clinical requirements to be incorporated into the DEPMEDS.

d. Recommend to the DMSB the appropriate D-Day significant requirements.

e. Review the DEPMEDS clinical data base to ensure compatibility with field operation of the systems for each of the military services.

f. Refer to the chairperson of the DMSB any matter that cannot be promptly resolved.

g. Present the minutes of each JSCRG meeting to the DMSB for approval.

Glossary

Section I
Abbreviations

ASD (HA) . . . . Assistant Secretary of Defense (Health Affairs)
DEPMEDS . . . DOD Deployable Medical System
DLA . . . . . Defense Logistics Agency
DMS . . . . . deployable medical systems
DMSB . . . . . Department of Defense Medical Standardization Board
DOD . . . . . Department of Defense
DPSC. . . . . Defense Personnel Support Center
FCH. . . . . fixed contingency hospital
HQDA. . . . . Headquarters, Department of the Army
JSCRG. . . . . Joint Services Clinical Review Group
JSDMCG. . . . . Joint Services Dental Materiel Coordinating Group
JSDMSCG. . . . Joint Services Deployable Medical Systems Coordinating Group
JSMLCG . . . . . Joint Services Medical Logistics Coordinating Group
MEDSTOCK . . Medical Stockage (Program)
MTF . . . . . medical treatment facility
NSN. . . . . national stock number
PA . . . . . preparing activity
R&D . . . . . research and development
TSGs . . . . . the surgeons general

Section II
Terms

DOD Deployable Medical Systems
A facility capable of being located in a desired or required area of operation during a contingency, war, or national emergency. These systems are composed of fixed contingency hospitals and other than fixed contingency hospitals (FCHs) that are not operated during peacetime.

Fixed contingency hospital
An FCH is an inactive or partially inactive medical treatment facility (MTF) housed in a fixed structure such as a hospital or other suitable buildings located in a required area of operations. FCHs are equipped to provide medical treatment only during wartime, a major contingency, or an emergency. An FCH may be either U.S.-owned or provided by a host nation.

Fixed contingency hospitals, other than
MTFs designed for field operations and developed in consideration of the distinct missions of the military services. These types of MTFs fall into the following two categories:

a. Partially relocatable MTFs. MTFs designed to use the mobile core functions of the relocatable MTF, such as surgery, x ray, and laboratory. Ancillary and operating support functions, such as wards, laundry, and food service, will be satisfied by use of fixed structures.

b. Relocatable MTFs. MTFs designed especially for mobility. Mobility is a quality or capability that permits these MTFs to move from place-to-place while retaining the ability to fulfill their primary mission for the military services.

Functional module
A medical element intended to provide a single function within a DOD Deployable Medical System; for example, x ray, laboratory, operating room.

Item entry
The process of—

a. Evaluating new or improved items of medical materiel for entry into the DOD supply system.

b. Preparing and updating essential characteristics. Characteristics are mandatory qualities required of an item to accomplish a specific professional, therapeutic, military, or technical function.

c. Submitting completed action documentation (item review reports to the DPSC to catalog and obtain a national stock number (NSN).

Medical materiel
All items of medical, dental, and veterinary equipment and supplies.

Medical materiel set
An assembly of medical and nonmedical materiel designed to make health care delivery easier under a variety of field conditions.

Military services
The Army, the Navy, the Air Force, and the Marine Corps.

Standardization of deployable medical systems
The systematic development of DMS on a line-by-line basis. This ensures that components are standardized to the maximum extent possible. Deviations are documented and based only on the distinct missions or logistical and support restrictions, or both, of the military services.

Standardized
To be uniform on a basis of NSN or authorized substitutes.

Standardized medical materiel
The end product of the medical item entry process.

Support equipment
Major nonmedical items that are required to support functional medical modules; for example, trucks, generators, and shelters.

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